

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>		
		Application Number	09/753,218	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 28, 2000	
		First Named Inventor	Darwin A. Engwer	
		Examiner Name	Joshua A. Kading	
		Art Unit	2661	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	3239p067

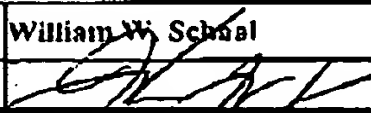
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																																																																																																																													
<b>1. EXTRA CLAIM FEES</b>																																																																																																																													
<table style="width:100%"><tr><td>Total Claims</td><td>15</td><td>-</td><td>24*</td><td>=</td><td>0</td><td>x</td><td>Fee from below</td><td>=</td><td>Fee Paid</td></tr><tr><td>Independent Claims</td><td>6</td><td>-</td><td>0*</td><td>=</td><td>0</td><td>x</td><td></td><td>=</td><td>\$0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td></tr></table>		Total Claims	15	-	24*	=	0	x	Fee from below	=	Fee Paid	Independent Claims	6	-	0*	=	0	x		=	\$0.00	Multiple Dependent									\$0.00																																																																																														
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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	02/09/05

Based on PTO/ISO/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (m) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450